Date Received:			Fee: Initials:		
Scheduled Public He	APPLICAT	ON FOR PRELIMINA AHANNA PLANNING CO			
Name of Preliminary	Plat::				
Applicant's Name:*					
Company:			Pnone:		
Droporty Location:			Fax: Cont. Purchaser	Agent	
Total Acreage: Developer: Contact:	Proposed N	Number of Lots:	Phone: Title:		
Address: Landowner: Address:			Phone:		
Applicant's Signature			Date		
		Submission Requirements	Ł		
<ol> <li>10 copies of p</li> <li>A list of contig</li> <li>Application Fe</li> </ol>	olan <u>folded</u> (not rolled guous property owner ee (\$250 for first 50 a	Freliminary Plat requirement  b) to 81/2 X 11 inch size prior  s and their mailing addresse  cres, \$5 for each additional a  size suitable for showing on	es. acre).		
		APPROVAL			
as stated above, has copy of the minutes Planning Commissio	s been approved by the are hereby attached n, and shall comply	the City of Gahanna Plannird. The applicant shall com	nna, Ohio, I hereby certify than general commission on play with any conditions append landscaping regulations	A proved by the	
Zoning Administrator			Date	<del></del>	

\*Note: All correspondence will be to applicant above unless otherwise stated. Revised May 2003